## **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

## For State and Local Candidates For Single-Candidate Committees

1 of Single-Candidate Committees						
DATE OF REPORT	2.a. NAME OF CANDIDATE	OR COMMITTEE				
10.37-08	H torageral	Chastan	^			
2.b. IF COMMITTEE, NAME OF CANDIDATE	, 3	•	3. ELECTION DATE			
			11-04-08			
4.a. CAMPAIGN ADDRESS AND PHONE						
Street or Rural Route	City	State	Zip Code	Phone		
<ol> <li>CANDIDATE'S HOME ADDRESS (if different Street or Rural Route</li> </ol>	than 4.a.) City	State	Zip Code	Phone		
206 Aprilhen TRAils D	C 11 0 :	T		in marriage		
5. OFFICE SOUGHT (include district number, if		ME OF BOUTION		3-645-8349		
5. Of FIGE SOUGHT (include district humber, in	applicable) 0. 144	NVIE OF POLITICAL	TREASURER (may be can	ididate)		
7 CATECORY OF PEROPT (Charleson)						
7. CATEGORY OR REPORT (Check one)						
FIRST SECOND THIRD	FOURTH PRE-	PRE-	MID-YEAR	YEAR-END		
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER PRIMAR 8.b. EN	Y GENERAL IDING DATE OF REPO		SUPPLEMENTAL		
8-28-04	1					
9. (Check one)		0-27-08				
<ul> <li>This campaign is exempt from detaile tures total \$1,000 or less for this repo</li> </ul>	d disclosure because contribu	utions (including in-ki	nd) received total \$1,000 o	r less AND expendi-		
		An interest control of the control o				
<ul> <li>b. This campaign is required to file a del and/or expenditures total more than \$</li> </ul>	ailed financial disclosure bec	ause contributions (in	ncluding in-kind) received t	otal more than \$1,000		
and/or expenditures total more than s	1,000 for this reporting period	1.				
			N 280 15 100			
<ol> <li>I/we do solemnly swear or affirm that the in accurate accounting of campaign contribution</li> </ol>	formation contained in this ca	ampaign financial dis	sclosure report is true and	that this report is an		
Financial Disclosure Act. Additionally, I/we	swear or affirm that no campa	aign contributions ha	ve been expended for the	personal financial		
benefit of the candidate or for any other non	political purpose as defined b	y the federal interna	I revenue code.			
Ma 11 Charles 10 1)						
signature of candidate	date	Douber	Vaner -	10-27-08		
signature of carididate	date	(signature	of political treasurer	date		
11. WITNESS SIGNATURE						
TI. WITNESS SIGNATURE		,				
hintely binous	10-77-08	do	1 660	11/17/18		
signature of witness	date	signa	ature of witness	10/2/100		
			nure or witness	date		
12. SUMMARY						
			$\nu_{I_{n}}$			
a. BALANCE ON HAND LAST REPORT			\$/ N			
b. TOTAL RECEIPTS THIS PERIOD			1591.80			
U. TOTALRECEIFTS THIS FERIOD		***************************************				
c. TOTAL DISBURSEMENTS THIS PERIOD .			.\$ 1591.80	*		
				^		
d. BALANCE ON HAND (12.a. plus 12.b. n	ninus 12.c.)		\$ <u>_</u>	<del></del>		
	12:21:11	100007		D		
e. TOTAL LOANS OUTSTANDING	1 - 21 - 3 - 0		\$ <u>_</u>	0		
	1.0/11.001			Λ		
f. TOTAL OBLIGATIONS OUTSTANDING		•••••	\$ —	$\theta$		
	171		•			

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## SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD				
Margaret H. Chastain	FROM: 8-28-08 TO: 1027-08				
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)					
a. Unitemized Contributions (\$100 or less from each source this period)\$ 1.591, 80					
b. Itemized Contributions (over \$100 from each source this period)	\$ 1,591.80				
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)					
16. LOANS RECEIVED THIS REPORTING PERIOD					
17. INTEREST RECEIVED THIS REPORTING PERIOD	s <u>+</u>				
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>1,591.80</u>				
DISBURSEMENTS					
19. EXPENDITURES (other than loan payments)					
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	.g., printing, postage, gasoline)				
\$					
\$					
\$					
\$					
\$					
\$					
\$					
\$					
\$					
Total of Expenditures (\$100 or less each payee)					
b. Itemized Expenditures (Over \$100 each payee this period)					
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)					
20. LOAN REPAYMENTS MADE THIS PERIOD\$					
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)\$					
22.IN-KIND CONTRIBUTIONS					
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$				
b. Itemized in-kind contributions (over \$100 from each source this period)\$					
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)\$					
23. OBLIGATIONS					
a. Unitemized Obligations Outstanding (\$100 or less each)	\$6				
b. Itemized Obligations Outstanding (Over \$100 each)\$					
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	n 12.f.)\$				

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## ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE  2. REPORT COVER  FROM: 8-2808				TO: 10-37-08	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				3	
4. COMPLETE THE APPROPRIATE ITEMS FOR E.	ACH ITEMIZ	ZED EXPENDITURE (ex	xpenditures totaling more than \$100	to any payee during the per	iod)
First Name	Middle Name Purpose of Expenditure			Amount of Expenditure	
Last Name/Business Name Chatta noogo Free Press		Ad ventisements		*267.84	
Address 400 E. 11 st				3.0 (11	
Cho Honoys	State	Zip Code 37402			
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
The Bureau			Printing enads		258.36
Address Dayton BluD	I.e.				
Chatlonous	State	Zip Code			
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	, 0.			1542	
Tennessee Valley Signs	2 70	inding	yand signs, wiees,		#9 80.60
30) Thomas French De	State	Zip Code	4x4's		( 80,00
Scottaboro	AL	35769			
First Name	Middle Nam		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		Cookies			
Address Div.				60.00	
City	State	Zip Code	Condu		
Soddy Doisy	10	37379	3.5		
First Name	irst Name Middle Name		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Dollar Tee			gist wraps	& Backs	*
North Towne Square History 153		1Way 153	2	4 CASCEDS	\$ 25.00
City	State 2	37415			
First Name	Middle Nam		Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES  (Carry forward to item 3. of next page if additional pages of this form are used.)  (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				1591.80	

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